

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Fredrick Nicklasson, et al.

Examiner: Unknown

Serial No.: 10/591,388

Group Art Unit: Unknown

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Confirmation No.: 8119

For: Means for Transdermal Administration of Nicotine

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**DEPOSIT ACCOUNT**

Sir:

Applicants request a change of Deposit Account Number that was charged inadvertently.

Breakdowns of the charges are as follows:

01/06 Fee code: 1633 \$200.00

01/06 Fee code: 1642 \$400.00

01/06 Fee code: 1616 \$360.00

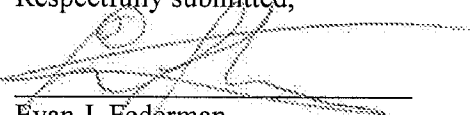
Applicants request that Deposit Account Number 23-0458 be credited for \$960.00 and that Deposit Account Number 10-0750 be charged \$960.00 in the above-identified application.

Applicants believes that no fee is due, however, if a fee is due, please charge or credit Deposit Account Number 10-0750.

Respectfully submitted,

Date:

8/19/09

  
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**Certificate of Transmission via Electronic Filing System**

I hereby certify that this document and authorization to charge Deposit Account 10-0750 is being transmitted via the United States Patent and Trademark Office electronic filing system in accordance with 37 CFR 1.6(a)(4).

Date:

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By:



Lisa Peters